

Mother and Infant Attachment Theory and Domestic Violence: Crossing the Divide

FIONA BUCHANAN¹

School of Nursing and Midwifery, Flinders University, SA

INTRODUCTION

It is now widely accepted that the early attachment relationship between the primary caregiver (usually the mother) and her infant is crucial for an infant's healthy development. A secure primary attachment is important for an infant's brain development and contributes to his or her psychological, social and emotional growth, lifelong sense of security and the ability to create meaningful relationships (Egeland & Erickson 1999; Main *et al.* 2005; Prior & Glaser 2006). At the same time, it is known that domestic violence² is endemic in society, with population based research finding that men most often perpetrate abuse and that most victims are women in their childbearing years (Australian Bureau of Statistics 2006; VicHealth 2004; World Health Organization 2005). This paper explores how abuse by a father or father figure at the time of birth and during infancy can impact on early mother and infant attachment patterns, and considers the implications for practitioners working with women and infants. It also addresses some ways in which practitioners can assist women to build and repair their infants' secure attachment patterns, despite the effects of domestic violence.

¹ Fiona Buchanan has worked as a social worker in community health settings, focusing on community development, group work and therapeutic work with women since the 1980s. She is currently undertaking PhD studies at Flinders University, South Australia, researching women's perspectives of the effects of domestic violence on infant attachment.

² The term 'domestic violence' is used here to refer to violence between intimate partners and does not refer to broader family relationships involving violence or direct child abuse.

In my own experience as a social worker providing therapeutic counselling for women with infants, I have found that research on domestic violence has rarely been informed by attachment theory. Conversely, attachment theory and practice have not been informed by feminist research about domestic violence, even though both fields of work are concerned with the impact of trauma. Coming from a feminist perspective, this paper explores issues arising for practitioners from that separation of knowledge bases and discusses ways in which the two fields might better engage with each other. The paper also considers how to include women's voices in understanding attachment relationships and in developing strategies to help create secure mother-child attachment relationships. The paper aims to stimulate debate within these fields to foster more appropriate service response to support and strengthen those relationships.

Attachment between fathers and infants, when the father is a perpetrator of domestic violence, is an area requiring further research. However, this paper focuses on mothers and infants because mothers are most often the primary caregivers of children in families experiencing domestic violence. Mothers are also most often the parent considered by attachment theorists.

DEFINING DOMESTIC VIOLENCE

In this paper, domestic violence is defined as ongoing physical, emotional, social, financial and/or sexual abuse used to exert control and power by one partner over another in an adult relationship. In the main, domestic violence is understood to endanger women's physical, mental and emotional safety (Radford & Hester 2006). Domestic violence is most often perpetrated by men against their female partners, with women most often suffering persistent abuse (Australian Bureau of Statistics 1996 & 2006; Hegarty & Roberts 1998; Mouzos & Makkai 2004; VicHealth 2004; Walby & Allen 2004). Domestic violence is known to occur in all socio-economic strata of society.³

Incidence and impact of domestic violence on women and children

The World Health Organization, which asserts that health is a state of complete physical, mental and social wellbeing, describes domestic violence by male partners as the most common health risk in the world for women (World Health Organization 2002 & 2005). In Australia, large scale, quantitative population surveys have been conducted by the Australian Bureau of Statistics (1996 & 2006) and Mouzos and Makkai (2004) regarding the experience of personal violence. These studies provide evidence which 'shows unequivocally that this society is still beset by high levels of domestic and family violence' (Marcus & Braaf 2007, p.13). Research also indicates that the risk of domestic violence is higher for women during pregnancy and following a birth (Taft 2002). Furthermore, women with children are three times more likely to be subjected to domestic violence than childless women (Humphreys 2007a).

When community or victim surveys are conducted to collect quantitative data about domestic violence, their focus is often on physical and sexual abuse.

³ For example, the Australian component of the International Violence Against Women Survey found that women's experience of violence did not vary by educational attainment, labour force status or household income (Mouzos & Makkai 2004, pp. 5-6).

However, emotional, social and financial abuses are also known to negatively affect women's mental health. It has been argued elsewhere that non-physical abuse that involves control of a woman's behaviour and movements has as great or a greater impact on women's mental health, than physical or sexual abuse (McKinnon 2008; Stark 2007).

The mental health effects of domestic violence include loss of self esteem and decision-making ability, depression, anxiety, phobias, self harm, somatisation and dissociative disorders (Access Economics 2004; Roberts *et al.* 1998; VicHealth 2004). According to a report by Access Economics, 30% of women experiencing domestic violence suffer depression, while 23% report anxiety disorders. Post traumatic stress disorder can also result, with women experiencing nightmares and sleep disturbance, intrusive thoughts, emotional detachment and anxiety (Hughes & Jones 2000).

In a study by Abrahams (1994) of women experiencing domestic violence, 76% of the women interviewed reported that depression affected their parenting. In other research the effects of domestic violence on women's mental health are seen to make mothers emotionally unavailable to their children (Humphreys 2007a; McGee 2000). According to Humphreys (2007b), domestic violence is an attack on the relationship between the child and their mother. She argues that perpetrators directly undermine the relationship (e.g. through direct attacks during pregnancy or preventing women from attending to their infants) and indirectly, by disabling her physically and or mentally, so that she is not in a good position to parent.

Living with domestic violence can also directly affect infants, with negative developmental, social, emotional and behavioural consequences (Buchanan 2005; Edleson 1999; Gewirtz & Edleson 2004; Jaffe, Sudermann & Geffner 2000). At a time of rapid neurological growth, an infant's development may be compromised by exposure to ongoing violence, whether or not they are the target of the violence (Rossman 2001). Infants may have symptoms typical of post traumatic stress

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disorder, including sleep disturbances, night terrors, separation anxiety, aggressiveness, hyperactivity, emotional detachment and constriction (McAlister Groves 1995). Therefore, domestic violence is known to directly compromise infant mental health. The negative effects on an infant's behaviours and development could contribute to difficulty for the mother in caring for or feeling bonded with the infant, so that the infant then finds the mother's availability becomes less predictable.

The responsibility for the negative effects of domestic violence on women and children sit firmly with the perpetrators of the abuse. Negative impacts on the attachment between mother and infant is another destructive outcome for which the abuser is culpable.

MOTHER AND INFANT ATTACHMENT

Attachment theory is derived from psychoanalysis and is embedded in the field of infant mental health. It has emerged as an important influence for multidisciplinary services and a range of professionals that address a wide range of infant care, including child care services, child protection agencies, family home visiting and early intervention programs and family courts (Olds 2002; Zeanah *et al.* 2000). The debates and perspectives within attachment theory are complex with the field still evolving. However, there is basic understanding that an infant is more likely to achieve a secure attachment relationship where the mother (or primary caregiver), through sensitive and responsive care-giving, provides a secure base and a safe haven.

Attachment adherents identify secure and insecure attachment relationships by describing observable patterns of behaviour. When an infant is encouraged and supported to explore, and is 'welcomed back' to be comforted (i.e. when the mother responds to the infant's cues), a secure attachment relationship is formed. The roles of encourager and comforter are seen as equally important. Mothers who enable their infants to form secure attachment patterns are seen to follow their infant's needs, to take charge when appropriate and to provide empathetic cues. The mother is 'always bigger, stronger, wiser and kind' (Marvin *et al.* 2002).

Attachment patterns are understood to develop from birth or before. Initial attachment patterns are considered to affect brain development, wellbeing, relationships and interactions throughout the life-cycle (Bowlby 1982; Main *et al.* 2005; McCain & Mustard 1999; Prior & Glaser 2006). Attachment theory approaches have been embraced by some child protection services but this does not imply that insecure attachment patterns invariably lead to abuse or neglect. Most mother and infant relationships where insecure attachment is an issue will not attract the attention of child protection services. There is a wide range of other services for children that use an attachment approach to optimise infants' social, emotional and cognitive development, by including a focus on relationship between mother and infant.

Bowlby, the pioneer of attachment theory, proposed that in infancy, attachment to the primary caregiver is of most importance and that attachment with others, including fathers or secondary caregivers, is more important later in childhood (1988). While the field has broadened considerably since Bowlby's work in the 1980s, his writing is still influential. Current literature describes attachment relationships between fathers and infants as fathers providing a supportive role for the mother-infant attachment relationship or mentions children's frustrated attachment because of the father's absence (Trowell & Etchegoyen 2002). With regard to older children it is stated that 'mothers' anxious attachment pattern uniquely predicts children's insecure attachment to both mother and father' (Doyle *et al.* 2000, p.514).

Insecure attachment patterns

There is ongoing debate about classifications of *insecure* attachment but there is general acceptance of three basic observable insecure attachment patterns:

- avoidant
- ambivalent
- disorganised.

Avoidant attachment

In avoidant attachment, an infant actively or passively avoids his or her mother or shows little emotion (Marvin *et al.* 2002). This may be because the mother is unable to provide a secure base from which the infant can explore; i.e. unable to be welcoming, comforting or reassuring when the infant explores and returns. This is illustrated in case study 1.⁴

Case study 1 – avoidant attachment

While Sally was pregnant her partner severely assaulted her, repeatedly kicking her in the stomach. At the time, hospital staff told Sally that, consequently, the baby was likely to be born with severe disabilities. Sally was too frightened to leave the relationship because of death threats to herself and her extended family. Sally is aware that she then emotionally distanced herself from her unborn baby as, on top of the problems in her relationship, she didn't believe she could cope with a disabled child. When Rose was born healthy, although Sally provided for all her physical needs, comforted and cuddled her, she still did not feel close to Rose. Rose became a remote baby who did not engage with others and, as a toddler, became increasingly distant from her mother. Sally blamed herself and felt guilty about not being able to provide Rose with the secure base she needed.

Ambivalent attachment

When a mother is not able to establish a safe haven for her infant to return to (e.g. unpredictable in her responsiveness to her infant's cues), an infant may develop an ambivalent attachment pattern. In this situation, the infant indicates distress, reaching for comfort, but is not easily or willingly comforted by the mother. Case study 2 illustrates this relationship.

Case study 2 – ambivalent attachment

A young woman called Chloe was referred for counselling by a local doctor. Chloe confided that she did not feel anything for her three month old baby, Charlie. When we explored what was happening for her in her relationship with Charlie's father, Chloe described her experience of significant financial and social abuse. The family lived in a large house in an outer suburb where the other householders commuted to work every day. There was no public transport near by. Chloe's husband took the family car to work with him daily and kept the pram with him in the car, so that Chloe was confined to the house and the immediate neighborhood. Chloe was from interstate and had no friends or family living locally. Chloe had to ask her husband for any money she needed. Her husband called her a 'druggie' because she had been prescribed antidepressants following a diagnosis of postnatal depression. Breastfeeding problems were exacerbated by her partner's insistence that any woman could do it and she was obviously not trying hard enough. Chloe was depressed and distressed and could not comfort Charlie as she became more withdrawn and dispirited. She was unable to provide a safe haven for Charlie. He had little eye contact and minimum response to others. He was a very unsettled baby.

Disorganised attachment

Where an infant perceives his or her mother as both comforting and frightening (because she looks fearful) the mother may be unable to provide a secure base or a safe haven. The infant may then form a disorganised attachment pattern with no consistent point of reference, combining ambivalent and avoidant behaviours or behaving erratically. As Liotti (2005) describes in a paper unrelated to domestic violence:

To the infant the expression of fear in an adult's face is in itself frightening. Withdrawing from the caregiver, however, means loneliness, and any threat of loneliness forces the infant to approach the caregiver because of the inborn structure

⁴ These case studies are drawn from my own practice experience. Each case example represents issues from a number of different clients. All names have been changed in order to protect identities.

of the attachment system (Bowlby 1969; 1988). Caught in this unsolvable dilemma, infants display a disorganised mixture of approach and avoidance behaviour towards the caregiver or else freeze or display defensive aggressiveness in the middle of a friendly approach; this is the essence of attachment disorganization (p. 3).

The potential mental health problems for infants with disorganised attachment are of most concern (Liotti 2005).

Assessing attachment

Attachment patterns may be assessed in a structured procedure with set tasks, where mother and infant interactions are observed and coded by clinicians (Prior & Glaser, p. 101). The mother knows that she and her infant are being observed but does not know that emotional availability or regulation, security, empathetic responsiveness, protection, comforting, teaching, play, limit setting and predictability are being assessed.

In the 1970s, Mary Ainsworth pioneered a classification procedure using the 'Strange Situation'. In this procedure, an infant is observed in a playroom with his or her mother and a stranger. The infant is allowed to explore the room. The mother leaves the room. The mother returns to the room after a few minutes and comforts the infant. The mother and stranger both leave the room for three minutes before the mother returns and is reunited with her child. The infant's and mother's responses and behaviours are critically examined throughout, with particular attention given to the interaction when the mother returns to the room (Ainsworth *et al.* 1978). Complex criteria are applied to assess attachment patterns. Usually there is more than one therapist assessing the behaviours of mother and infant.

The 'Strange Situation' is still used as an assessment tool by clinicians and researchers, although various other observation scenarios have been developed. For instance, it is now customary to video the procedure, analyse the content and use the recording in therapy with the mother, to raise awareness of her infant's cues, their meaning and the opportunities for empathetic interaction (Marvin *et al.* 2002; Zeanah *et al.* 2000).

IMPACT OF DOMESTIC VIOLENCE ON MOTHER AND INFANT ATTACHMENT

Domestic violence can negatively impact on mother-infant relationships. When affected by domestic violence, a mother may have difficulty empathising with or delighting in her infant, or be unable to provide her infant with a secure base or a safe haven. According to English *et al.* (2003, p. 48):

There is a pronounced impact of domestic violence on family functioning, the caregiver's general health and well being and the quality of the caregiver's interaction with the child...

Because of the effects of abuse, the fear, trauma and possible dissociation, the mother may not recognise the effects that the father's behaviour is having on the infant.

Although most child abuse in domestic violence is perpetrated by a male parent (Humphreys 2007a; Radford & Hester 2006), there is an increased risk of neglect or of emotional and physical abuse from a mother who is emotionally unavailable to her child because of her experience of domestic violence. In these situations, the family may come to the attention of child protection, early intervention and or infant mental health workers, many of whom are trained to work from an attachment perspective but may not be adequately trained or experienced in recognising and assessing the impact of domestic violence (Radford & Hester 2006). In these situations, the impact of domestic violence on mother and infant attachment may, therefore, not be recognised, with the focus falling exclusively on the mother and infant relationship. Particularly in situations where non-contact forms of abuse predominate (McKinnon 2008), domestic violence may be overlooked.

A literature search for this paper reveals that the effect of domestic violence in the parents' relationship on mother and infant attachment is still an under-developed area of research. Without a knowledge base that includes an understanding of an abusive partner's role in undermining the development of a secure attachment pattern, there is a danger that practitioners will look to the

mother's own childhood for explanations, while missing the impact of recent domestic violence.

There is also a danger that the mother will see herself as wholly responsible for not ensuring her infant's secure attachment unless the impact of the abuse on her ability to do so is shared with her by her counsellor or other support workers. Therefore, there is a need for all who work from an attachment perspective to have training about the dynamics and impacts of domestic violence, including information about all forms of non-contact abuse and the range of their effects on female victims. It would also be beneficial if workers in the domestic violence field had an understanding of attachment issues so that they could make informed referrals, when appropriate, and share knowledge about the effects of domestic violence on mother and infant attachment with women who use their services.

Domestic violence, attachment and trauma

According to Herman (1992, p. 7): 'Trauma is coming face to face with human vulnerability in the natural world or with the capacity for evil in human nature'. For many women and children, living with domestic violence means being subjected to the capacity for evil in human nature, sustained over time. Even before the infant is born, through verbal and physical attacks many women are given the message that a close relationship with the infant will not be tolerated, that only the partner's needs count and that both the infant and herself are vulnerable. From inception, the attachment relationship is undermined (Ranford & Hester 2006). Nevertheless, the literature concerned with mother and infant attachment and trauma has primarily been concerned with earlier trauma in the childhood of the mother. Sable (2004, p. 12) claims that: 'Earlier experiences of emotional or physical abuse, parental rejection or inconsistency can be linked up to current attitudes and behaviours'.

Bowlby (1982), Fraiberg *et al.* (1975) and Lieberman *et al.* (2005) draw correlations between trauma in the

mother's childhood and difficulties observed in the infant. While the mother's current circumstances have in the main been overlooked, child abuse, including sexual abuse, and domestic violence in the mother's own childhood have received critical attention, with a focus on trans-generational transmission of attachment patterns (Lyons-Ruth & Spielman 2004; Marvin *et al.* 2002; Sable 2004).

What of the effects of current, sustained trauma potentially impacting on the attachment relationship between mother and infant when they are experiencing domestic violence? A specific form of domestic violence, known as 'Maternal Alienation', where an abusive partner purposely and systematically alienates children from their mothers, has been identified (Morris 1999; Bancroft & Silverman 2001). However,

the direct link between domestic violence and the forming of primary attachment relationships has been slow to emerge as an area of study. As Kobak (1999) asserts, attachment theory has given scant attention to the relevance of current experiences and relationships. Levendosky *et al.* (2006) concur that researchers have yet to explore the effects of marital conflict and domestic violence on infants, though research by Bogat *et al.* (2006) found significant trauma symptoms in one year olds who had witnessed 'severe intimate partner violence'.

Trauma, fear and disorganised attachment

To experience trauma is frightening (Herman 1992). Women experiencing domestic violence frequently describe being fearful for their safety, their mental health and/or the safety of their children (Radford & Hester 2006). If women living with domestic violence are living in fear, this fear may be unwittingly transmitted to their infants, resulting in disorganised attachment patterns, as some infants perceive their mothers as frightened and, therefore, frightening.

Liotti's (2005) explanation describing the result of unresolved trauma, quoted earlier in this paper, correlates with findings that: 'with increased levels of violent relationships with current partners, mothers were increasingly likely to have infants with

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disorganised attachments to them', (Zeanah *et al.* 1999, p. 84). Zeanah *et al.* hypothesise that an infant may be traumatised by perceiving a threat to its mother. Alternatively, Main and Hesse (1990) find that disorganisation of infant attachment is related to unresolved fear or grief that appears frightening to the child.

Siegel (2003, p. 9) finds, 'Children with disorganised attachment have parents with the important finding of unresolved trauma or loss'. Siegel refers to unresolved trauma and loss from the past but in a context of domestic violence it could be the trauma and loss of self-worth experienced by the mother that leads to disorganised attachment. This is not to imply that the mother is responsible for the trauma or any resultant attachment difficulties that are experienced. These result from the perpetrator's behaviour.

PRESENT PERSPECTIVES

Despite areas of overlap in both the attachment and domestic violence fields, there is scant reciprocal recognition of this overlap in the research literature of either field. Bolen (2005, p. 850) comments: 'The connections between attachment and family violence are slowly materializing'.

Bolen refers to Levendosky *et al.* (2002) and Zeanah *et al.* (1999) as the only two studies of both domestic violence and attachment. These studies come from a psychological research perspective that is not informed by feminist understandings of domestic violence. For example, both focus on physical abuse and do not include consideration of non-contact abuse. In addition, an earlier study by Zeanah (1989) suggests that men's violence is caused by early insecure attachment to their mother. This contradicts feminist understandings that have identified domestic violence largely as a societal issue based in men's expectations of power and control. Bowlby's (1988) view was that domestic violence was caused by anger. His disregard for societal and gendered perspectives on domestic violence may have influenced the attachment field. It may have inhibited the inclusion of a feminist understanding of the emotional distress, shame,

self-blame, isolation and loss of sense of self that can result from being subjected to the many aspects of domestic violence.

Levendosky *et al.* (2006), who conducted several research studies that variously focus on prenatal women, infants, pre-school children and adolescent attachment styles, state that: 'one of the important detrimental effects of domestic violence may be its effects on maternal parenting' (p. 2). Their 2006 research, which focuses on one year old infants, suggests that experience of domestic violence before and/or after birth negatively affects mother and infant attachment, and that it is the mother's distress levels that affect attachment rather than poor parenting by her. This study recommends that early intervention in domestic violence situations is needed to help the mother understand how her feelings, responses and behaviours may affect the infant. In this and an earlier study (Levendosky *et al.* 2002), it is suggested that interventions should focus on adding resources and support to help women leave domestic violence situations.

Zeanah *et al.* (1999, p.79) describe secure attachment, stating that: 'Initial research indicates that domestic violence may jeopardize the

development or maintenance of such attachment'. Their research focuses on women and infants living in poverty, as well as experiencing domestic violence. The research shows that 56.9% of the mother and infant dyads studied had a disorganised attachment pattern. The study questions

whether it is witnessing violence perpetrated against the mother or the mother's subsequent behaviour with the infant, which impacts on the infant. It is suggested in the paper that subsequent studies need to explore the actual amounts of physical violence witnessed by the infants. It is not acknowledged that the mother's 'subsequent behaviour' could be a result of the subjugation and loss of self that is often an outcome of living with an abusive partner. The discussion in this paper also mentions a 'mother's proclivity' to become involved with violent relationships' (p. 84), suggesting that women choose violence, indicating that a feminist analysis is missing.

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Both Zeanah *et al.* (1999) and Levendosky *et al.* (2002) qualify their research by mentioning many unmeasurable variables. They raise a range of questions and call for further research on the issue. Zeanah *et al.* (1999, p. 84) do, however, recommend that: 'Partner violence should be routinely assessed in interventions aimed at high-risk families and in investigations attempting to understand attachment'.

Other studies have examined the impact of domestic violence on mother and infant attachment. An antenatal study from the United States (US) describes pregnant women who were subjected to domestic violence as having: 'more negative representations of their infants and of themselves as parents and more likely to be insecurely attached than women in non-violent relationships' (Huth-Bocks *et al.* 2004, p. 79). In another US study, by Sternberg *et al.* (2005), attachment to parents is examined by interviewing adolescents. In this study, domestic violence is included with child abuse by either parent, as well as with child neglect. This study found that attachment with mothers was 'weaker', whether or not the mother had been the abusive parent. It also found that if the abuse stopped, attachment improved. The research implies that intervention can have positive effects on attachment patterns.

In an Australian study of pregnant teenagers under eighteen years of age, Quinlivan & Evans (2005) consider the impact of domestic violence and drug taking on attachment, finding that: 'there remain differences in maternal attachment at six months postpartum in women exposed to domestic violence, as compared to those women who are not exposed to domestic violence', (p. 197). The study recommends investigating strategies such as 'mother mentoring' and 'specific subtypes of cognitive behaviour therapy', as possible interventions (p. 198). Quinlivan & Evans (2005) note that an increase of support, which had benefited other mothers in this age group, was found to have no effect when domestic violence was also a factor.

It is worth noting that most of these studies have not focused on a cross-section of women who

experience domestic violence but have focused on women from low socio-economic groups, teenagers or child protection service clients. This means that findings are not informed by a representative sample of domestic violence survivors from all social strata.

DIFFERENT APPROACHES

Where domestic violence is not considered or where it is viewed as one part of generalised 'abuse issues', the literature on attachment appears to have little engagement with the vast amount of feminist research that has identified and informed a verified understanding of domestic violence (see, for example, Dobash & Dobash 1979; Hegarty & Roberts 1998; Kelly 1988). Given that domestic violence is known to have direct effects on the mental health of women, it is curious that more attachment theorists have not focused on domestic violence for investigation. According to Van Ijzendoorn (1995, p. 390): 'Among biologically intact mother and infant dyads, the strongest predictor of secure

or insecure infant attachment found thus far is the caregiver's state of mind'. Yet the correlations between the trauma of domestic violence, mental health of the mother and attachment have not been extensively researched.

At the same time, the field of attachment has been treated with suspicion by feminist researchers who speculate that attachment theorists, concerning themselves mainly with mother and child relationships, do not address the impact of the environment on women's ability to provide secure attachment (Birns 1999; Morris 2005). The implication is that women as mothers are fully responsible for children's mental and emotional health, without reference to systems and individuals which impact on their ability to parent.

There is some common ground between attachment theory and feminist perspectives. Attachment theory purports to include an ecological perspective where external influences are recognised. For example, in examining secure

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attachment, Egeland and Erickson (1999, p.4) state that: 'The development of attachment, like all human behaviour, occurs not in isolation but within a network of influences operating on many levels'. Domestic violence would, presumably, be a major influence impacting on the mother and child attachment pattern. Likewise, social and community understanding and attitudes to violence in the home will impact on women and children (Humphreys 2007a). It would seem appropriate, therefore, for feminist theorists and practitioners to understand and influence the attachment field by informing attachment theorists about gendered societal, community and interpersonal attitudes and widely held myths about domestic violence. The wealth of feminist knowledge about domestic violence could greatly enhance therapeutic and early intervention approaches to mother and infant attachment. Women with infants who are in touch with domestic violence services could also benefit if workers were able to identify and address issues of attachment.

DEVELOPMENTAL DIFFERENCES

Attachment theory was first developed by Bowlby, a psychoanalyst and a child psychiatrist, in 1950s post-war Europe and draws on concepts from ecology, biology, systems theory, cognitive therapy and psychoanalytic theory. Bowlby and his adherents believe the primary attachment relationship to be an inherent survival system which protects defenceless infants from physical threat and as such to be an intrinsic part of the psyche.

The movement to expose and address domestic violence originated in a time of radical change and encompassed a social activist perspective shaped by the women's movement in the 1960s and 1970s. 'Feminist anti-violence activities have a foundation in extensive knowledge, standards, ethics and political analysis that are all built on the experiences of women, not as patients or clients, but as members of a social change movement', (Bonisteel & Green 2005, p.31). As Radford and Hester (2001, p.138) comment, regarding psychological research which takes an 'objective' approach: 'Labelled as poor, disturbed and deviant, women often find themselves being either blamed or victimized'.

Historically, the women's movement formed part of

a social revolution which challenged many aspects of established thought, including Bowlby's theories and Ainsworth's assessment practices. From a feminist perspective, attachment assessment, views and procedures extend the objectification of women by observing, classifying and judging the integrity of women as mothers. Many feminist researchers and workers prefer participatory action and methods which seek to gain knowledge, while empowering women through listening, recording and learning from their experiences (Herman 1992).

Despite the difference in developmental time frames and pathways, it is worth considering that both perspectives are of use and that they need not be mutually exclusive. The next section considers how research using feminist research methods could add to the body of knowledge about mother and infant attachment patterns formed in domestic violence.

APPLYING FEMINIST RESEARCH METHODS

As Zeanah *et al.* (1999) and Levendosky *et al.*'s (2006) recommendations are heeded, psychological perspectives about the effect of a father's use of domestic violence on attachment relationships will emerge. There is a danger, however, that women's perceptions of what happens to the mother and child relationship when domestic violence is an issue, may be missing. The attachment field would benefit from women's knowledge of their feelings, thoughts and experiences of domestic violence. The field could also benefit from hearing what women as mothers believe would help them to create and sustain secure attachment relationships, despite domestic violence.

Edleson's (1999) paper on children witnessing domestic violence refers to secure attachment as a resilience factor for those children. Given this, how do women who have mothered while experiencing domestic violence think counsellors, therapists, home visitors and support services can best help them to promote secure attachment in their children? Through utilising feminist research methods to collect narratives of women's experience and understandings of the impact of domestic violence on attachment to their infants, and what would help, theorists and practitioners could gain useful insights and perspectives. The

body of knowledge which is shaping therapeutic approaches, particularly regarding how domestic violence may impact on mother and infant attachment, could, from this point on, be informed by feminism. This approach is both empowering for women subjected to domestic violence and respectful of their views and understandings.

COMBINING PERSPECTIVES

Attachment theorists and feminist analysts can be seen to focus on empowerment but with differing definitions. Attachment therapists work towards empowerment by laying to rest a mother's past childhood issues and focusing on shared positive instances of interaction between mother and baby (Marvin *et al.* 2002). Feminists promote sharing knowledge of the patterns, causes and effects of domestic violence, while acknowledging women's need for self-determination (Humphreys 2007a). Both fields identify understanding and supportive networks as helpful. Many practitioners who work with parents have moved closer to working in partnership with parents (Davis *et al.* 2002). There is also acknowledgement that insecure attachment, which has been formed in traumatic circumstances, can be repaired (Guedeney & Guedeney 2007).

Some programs which work with mothers and infants to promote attachment in the context of domestic violence are being developed and implemented. Two of these innovative programs are described below. They draw on combined attachment and family violence approaches, using action, play, art, music and movement therapy, discussion, support and information sharing to build secure attachment relationships between mothers and infants who have left domestic violence (Bunston 2006; Jenney & Sura-Liddell 2007).

The first program, 'The Peek a Boo Club', is a therapeutic group work intervention for infants, toddlers and mothers affected by domestic violence. It was developed by the Royal Children's Hospital Integrated Mental Health Service (RCH IMHS) in early 2005. This program recognises the need to address the impact of domestic violence on the mother-

infant attachment relationship. As a treatment intervention for the infants, effects of domestic violence on women as mothers and as individuals are addressed. The aim is to strengthen mother and infant attachment relationships. The six to eight week intervention is offered to mothers and infants who are survivors of domestic violence and their infants. The program is implemented by a collaboration of staff experienced in domestic violence work and those who work in the area of infant mental health.

The program uses a range of infant mental health concepts, aiming to improve the mother-infant attachment relationship through creative processes with mothers and infants together. The intervention is seen to be 'infant led' in that the focus is on what the infant indicates is needed. This is achieved in a fun setting, interspersed with interactive activities between mothers and infants, such as focusing babies' attention through mirrors, singing, marching and playing 'peek a boo' to strengthen mothers' and babies' enjoyment and appreciation of each other. Women are encouraged to discuss their experience of domestic violence. The effects of the abuse are understood and addressed from a family violence perspective.

The program has received interest from around Australia and is expanding to service all of metropolitan Melbourne. More recently, an off-shoot of the Peek a Boo Club, 'BUBS on Board (Building Up Bonds)', has been specifically developed for infants and mothers accessing women's shelters and emergency housing. This program will be trialled for six months in Tasmania with the Salvation Army, the six women's shelters within Tasmania and the Royal Children's Hospital Integrated Mental Health Service (Melbourne). The program is to be evaluated.

In Toronto, Canada, a twelve week program, run by The Child Development Institute, 'Mothers in Mind', is a relationship-based group for mothers concerned that exposure to domestic violence or trauma may be affecting their parenting and relationship with their infant. The program has been running for four years and a full evaluation report will be available in early 2009. As well as having an education and support component, this group includes infant

There is also acknowledgement that insecure attachment, which has been formed in traumatic circumstances, can be repaired.

massage and creative movement to encourage positive experiences for both mother and infant, potentially strengthening their attachment. The program is based in a comprehensive understanding of the effects of domestic violence on women and is described as 'providing service without inferring pathology' (Jenney & Sura-Liddell 2007, p .5).

In these innovative programs the mother's needs, the baby's needs and the attachment relationship between them are being addressed. If the situation was perceived purely from an attachment perspective or solely from a domestic violence framework, the results may have been limited or could have reinforced negative effects of domestic violence. By embracing knowledge and skills from both domestic violence and attachment perspectives and having both mother and baby present and interacting with each other, these programs are taking steps towards addressing mother and infant relationship issues. Both programs address domestic violence and its effects, so that women's experiences are heard and common ground with others is established. However, the infants are the primary focus in the activities and the emphasis is on the strengths of the mothers and the relationships between the mothers and their infants.

The practice implications for work with mothers and infants mean that workers need to be:

- knowledgeable about the impact of relationships on infants' attachment patterns
- experienced and knowledgeable about working with women and infants who have been subjected to domestic violence
- aware of the de-skilling that can affect women, as mothers, in domestic violence situations, and know that attachment may have been adversely affected
- very clear that the violence perpetrated against her and difficulties with attachment are not the fault of the woman.

Although there is much research to be done into the effects of domestic violence on the attachment between mothers and infants, the above programs

illustrate that strengths from both fields can be utilised to shape practice and create good outcomes. Readers wishing to explore applications of attachment therapy in practice can find more information in 'The Baby as Subject' (Thomson-Salo & Paul 2007) and 'Addressing Family Violence Programs' (Bunston & Heynatz 2006), both published by the Royal Children's Hospital, Melbourne. Both include information on psychological practices which encompass a family violence perspective.

In these innovative programs the mother's needs, the baby's needs and the attachment relationship between them are being addressed.

It is encouraging that the child protection field is increasingly drawing on knowledge and understanding about domestic violence and its effects on children, as well as knowledge about attachment theory (Humphreys 2007a; Radford & Hester 2006). While these

service models may not be directly targeted at supporting early mother and infant attachment, it is further evidence that it is possible to combine these two approaches in practice. Humphreys *et al.* (2006) have developed innovative activities to help children, (once they have progressed to talking), to speak with their mothers about the violence, and to build their relationship, post domestic violence.

Evidence of this trend is also present in the activities and materials produced by some domestic violence organisations and services. For example, the Queensland Centre for Domestic and Family Violence Research has published a leaflet for mothers in domestic violence entitled: 'Babies and Toddlers' (2003). The Coalition Caring for Kids has recently published a comprehensive guide to working for children, 'Women Helping Mothers Helping Children' (2008). This guide touches on issues of attachment. The Domestic Violence Resource Centre Victoria and The Benevolent Society in Sydney are also developing initiatives which address mothering after domestic violence.

The programs described here are just a sample of some of the innovative programs addressing domestic violence and attachment issues with mothers and infants that have not been documented or evaluated, and so were not available to be reviewed for this paper. Documenting such programs, sharing information

about them and critiquing them, are essential to developing good practice.

Developing practice for working with mothers and infants, which draws on feminist understandings of domestic violence and attachment theory, can maximise:

- infants' potential for healthy, social, emotional and mental development into fully relational adults
- women's potential for satisfying relationships with their children, increased self-esteem and sense of accomplishment as mothers, able to take credit for good parenting despite adverse circumstances
- mother and infant relationships which enhance both lives
- positive relationships with others in family, friends and community, now and in the future.

The case study below provides an example of the potential benefits of this approach.

By collaborating across services, providing training and influencing a developing knowledge base, we can ensure that women, children and infants will reap positive benefits from an attachment focus which has been informed by feminist voices.

Case study 3

Before Alice's birth, her mother, Jade, was physically and emotionally abused by Alice's father. When Jade became pregnant, her partner wanted her to have a termination but Jade could not go ahead with the termination because, she said, she would feel too guilty. Her partner threw her out and she spent her pregnancy homeless and sleeping on the couches of various friends. Her ex-partner sent her scathing messages via SMS throughout this time, telling her that she had ruined his life because she refused to have a termination. Simultaneously, he ignored Jade whenever they met. Jade, who had been a promising student, failed all her subjects and gave up her studies. Since Alice was born, the ex-partner has ignored Jade and Alice.

When Jade was referred for counselling shortly after Alice was born, she came with an aggressive attitude and exhibited difficulty in establishing trust. However, she came to counselling and continued to attend, never missing an appointment. Jade was distressed that she did not like Alice and she felt sorry for the baby's father. She barely looked at Alice during counselling sessions and she described herself as numb and exhausted. Alice had reflux and slept little. At four months, Alice was a very listless baby and Jade seemed unable to provide a secure base or a safe haven for her.

Jade and I worked on exploring issues of abuse and abandonment and the effects of the abuse she had been subjected to. Jade did extensive work on identifying her feelings and we then looked at barriers to loving Alice. Jade gave herself very negative messages about her ability to parent. Fortunately, she always brought Alice with her to counselling and I was able to voice ways in which I saw her caring for Alice, and to point out when she was being hard on herself; for example, when she told me that she didn't know how to play with Alice, I pointed out that the week before she had shown me how she stroked Alice's face with a fluffy toy because she liked that, and that Alice responded to that touch. After five months in counselling, Jade came to our regular appointment and announced, 'I like Alice now!' I pointed out to Jade that Alice was now reaching for her, enjoying being comforted by her and showing interest in toys in the room, all because she was a good mother and Alice 'liked her'.

In this case, it was the therapeutic relationship that Jade and I developed through working in partnership and the combination of a feminist understanding of domestic violence and attachment approaches that allowed Jade to work towards regaining her self esteem and confidence to mother. It also gave Alice the confidence and surety to explore, gain new knowledge and be welcomed back. Jade feels that her relationship with Alice has benefited from the work she has done in counselling.

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The University of New South Wales
Sydney NSW 2052

p: +61 2 9385 2990

f: +61 2 9385 2993

freecall: 1800 753 382

e: clearinghouse@unsw.edu.au

w: <http://www.adfvc.unsw.edu.au>

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